

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	<i>OK</i>		<i>3/11/99</i>
O.I.P.E. CLASSIFIER			<i>3/12/99</i>
FORMALITY REVIEW	<i>10013 70076 70076 70076</i>	<i>21</i>	<i>3-18-99</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	7	12	5/26
2	9	12	7/215
3	02	02	03/04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓		
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12	✓	✓	
13	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here